

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional) 29618/39225B	
Application Number                      10/798,137-Conf. #5551		Filed    March 11, 2004	
For     Storage Container Having Dual Access			
Art Unit                      3637		Examiner                      James O. Hansen	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60                      \$     120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225                      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510                      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795                      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080                      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855.			
 I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number     55,064			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34     .			
_____/Michael A. Chinlund/ Signature		_____ October 30, 2007 Date	
_____ Michael A. Chinlund Typed or printed name		_____ (312) 474-6300 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of     1     form is submitted.			